

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041855

FILED VS DEC

5 1960

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5570

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 5 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6935 BROOKSIDE DRIVE		d. STREET ADDRESS (If outside, give location) 6935 BROOKSIDE DRIVE	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BARBARA Middle LOUISE Last BARR		4. DATE OF DEATH Month NOVEMBER Day 5 Year 1960	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/4/1914
9. AGE (last birthday) 46		IF UNDER 1 YEAR Months 46 Days 46 Hours 46 Min. 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) OMAHA, NEBRASKA		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME A. V. KINSLER		13b. MOTHER'S MAIDEN NAME LOU	
14. NAME OF HUSBAND OR WIFE BRADLEY BARR		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. -----		17. INFORMANT BRADLEY BARR	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Patol cinhroiz DUE TO (b) 1 DUE TO (c) ----- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Peripheral neuritis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:00 a.m. A. Month, Day, Year 2-1960		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION OMAHA	
20g. COUNTY NEBRASKA		20h. STATE NEBRASKA	
21. I attended the deceased from 2-1960 to 11-5-60 and last saw her/him alive on 11-4-60 Death occurred at 5:00 A. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Mark Dodge MD	
22b. ADDRESS KC Mo		22c. DATE SIGNED 11-5-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 5, 1960	
23c. NAME OF CEMETERY OR CREMATOR -----		23d. LOCATION (City, town, or county) OMAHA	
23e. STATE NEBRASKA		23f. REGISTRAR'S SIGNATURE H. L. Dwyer	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MISSOURI		25. DATE RECD. BY LOCAL REG. 11-5-60	
26. REGISTRAR'S SIGNATURE H. L. Dwyer		27. DATE 11-5-60	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mark Dodge

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin D. Presto

Licensed Embalmer No. 5080

P. O. Address H.C. 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.